L08000024803

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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. TOTAL JUL 11 2000

COVER LETTER

SUBJECT: Cube IT LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Rodney Staton Piercey (Contact Person) Cube IT LLC (Firm/Company) 1179 Danin ian CT (Address) Part Orange FL 32 119 (City/State and Zip Code)	TO: Registration Section	
(Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Rodney Staton Piercey (Contact Person) Cube IT LLC (Firm/Company) 1179 Domin ian CT (Address)	Division of Corporations	
Please return all correspondence concerning this matter to: Rodney Staton Piercey (Contact Person) Cube IT LLC (Firm/Company) 1179 Domin ion CT (Address)	SUBJECT: Cube IT LLC (Name of Limit	ted Liability Company)
Rodney Staton Piercey (Contact Person) Cube IT LLC (Firm/Company) 1179 Dominian CT (Address)		manager resignation and fee(s) are submitted for
Cube IT LLC (Firm/Company) 1179 Domin ian CT (Address)	Please return all correspondence concerning t	this matter to:
Cube IT LLC (Firm/Company) 1179 Domin ian CT (Address)	Rodney Staton Piercey	
	, , ,	
Port Orange FL 32 129 (City/State and Zip Code)	1179 Dominian CT (Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Port Orange FL 32129 (City/State and Zip Code)	
For further information concerning this matter, please call:	For further information concerning this matte	er, please call:
Rodney Staton Piercey at (386) 299-235/ (Name of Contact Person) (Area Code & Daytime Telephone Number)	Rodney Staton Piercey (Name of Contact Person)	at (386) 299-235 / (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy	*	\$55 Filing Fee &
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section	•	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	<u>-</u>	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SECRETARY OF SIATION DIVISION OF CORPORATION

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it ap	pears on the records of the Florida Department
of State is: Cube IT LLC	
	•
2. This limited liability company was organized under Florida	er the laws of:
3. The Florida document/registration number of this $L08000024803$	limited liability company is:
4. I, Rodney Staton Piercey (Print Name of Person Resigning)	hereby resign as a Mariager (Print Title)
of this limited liability company and affirm the liming resignation in writing.	ted liability company has been notified of my
Station	
Signature of Resigning Member, Managing Member	er or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: